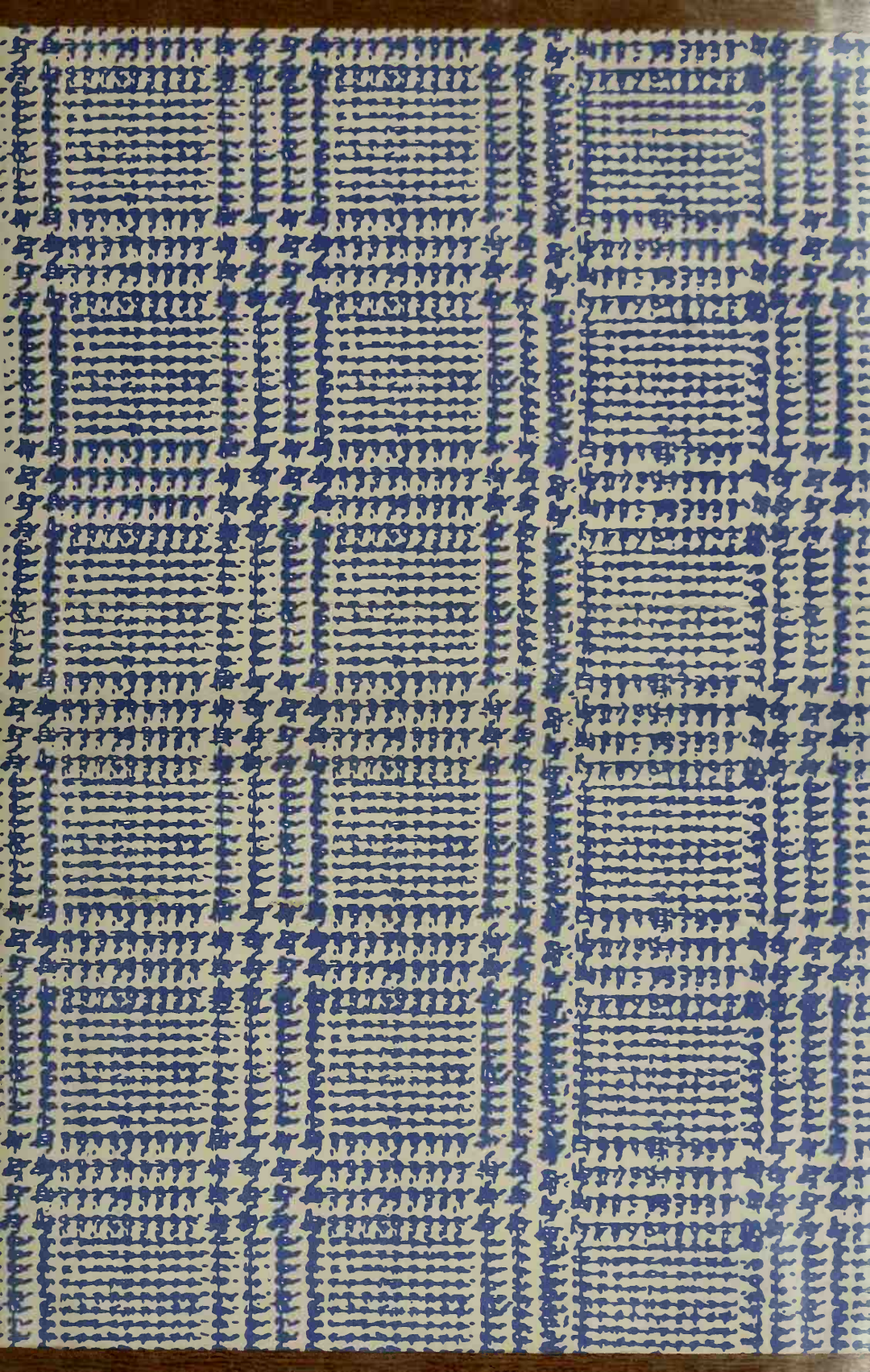

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THE NEWS LETTER

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Published five times a year, in February, April, June, October, and December, by the NATIONAL COMMITTEE *for the* PREVENTION OF BLINDNESS, INC., at 370 Seventh Avenue, New York, N. Y.

NUMBER 55 NEW YORK, N. Y. FEBRUARY, 1926

ANNOUNCEMENTS

On February 1, 1926, the National Committee for the Prevention of Blindness moved its headquarters to 370 Seventh Avenue, New York, the building occupied by the other active members of the National Health Council, many of whose activities are closely related to the research, educational and preventive work of the Committee.

Ever since its inception ten years ago, the Committee has been located in the Russell Sage Foundation Building, 130 East 22 Street. A remarkable growth in the movement during the decade made it necessary to secure considerably larger quarters. During this period the membership has grown from three philanthropically inclined persons to more than 14,000 men and women representing literally every section of the United States. The headquarters staff has grown from one paid worker to 21 who have the advisory assistance of more than 20 of the country's leading ophthalmologists and as many nationally known leaders in social work.

Whereas ten years ago few states had laws looking toward the conservation of vision, to-day nearly every state in the Union has statutes safeguarding human sight from birth on through life, in the schools, in places of work, and in public places, and in a great many states these laws are strictly enforced. Coöperating with the National Committee there are now several hundred local health agencies active in the conservation of vision through preventive and educational activities.

Among the officers of the National Committee for the Prevention of Blindness are: Former President William H. Taft, Dr. Charles W. Eliot, President Emeritus, Harvard University; Mr. John M. Glenn, General Director, Russell Sage Foundation; Miss Jane Addams of Hull House, Chicago; Dr. David Starr Jordan; former Senator Thomas G. Gore; Miss Helen Keller; Dr. F. Park Lewis,

and Miss Louisa Lee Schuyler, the two last being the founders of the organization.

The Committee, which for a number of years was financed by the Russell Sage and Rockefeller Foundations, is now financed entirely by public contributions.

Several additions to the staff of the organization and changes in the titles and responsibilities of other members of the staff were recently announced. Dr. B. Franklin Royer, formerly Chief Medical Inspector for the Pennsylvania State Department of Health and Chief Executive of the Massachusetts-Halifax Health Commission, has been appointed Medical Director of the National Committee for the Prevention of Blindness; Mrs. Winifred Hathaway, Secretary of the National Committee almost since its inception, has been appointed Associate Director; Miss Eleanor P. Brown, Secretary of the Junior Committee for the Prevention of Blindness and Assistant Secretary of the National Committee has been appointed Secretary of the latter organization; Miss Julia Fulton, Assistant Secretary of the New York State Committee for the Prevention of Blindness, has been appointed Assistant Secretary of the National Committee; Miss Isobel Janowich, formerly of the American Social Hygiene Association, has been appointed Research Secretary of the National Committee for the Prevention of Blindness, and Miss Alice M. Bradford, Membership Secretary. Mrs. William B. Rice, active Director of the Committee since its beginning, has been elected Honorary Vice-President.

SUMMER COURSE FOR THE PREPARATION OF TEACHERS OF SIGHT SAVING CLASSES

An elementary and an advanced course for the training of teachers of sight saving classes will be given at the summer session of the University of Cincinnati, Cincinnati, Ohio, opening June 21 and lasting for six weeks. An outline of the program follows:

FACULTY

Winifred Hathaway, A.B., A.M., National Committee for the Prevention of Blindness.

Estella Lawes, A.B., Cincinnati Public Schools.

Dorothy Breuer, B.S., Cincinnati Public Schools.

COURSES

s 186 Theory and Methods of Supervision and Organization of Sight Conservation Classes. This course will cover in

general the following topics: History of the establishment of sight saving classes; state responsibility for conservation of vision; state legislation and appropriations; coöperation with various outside agencies; relation of sight saving classes to the community; school lighting in relation to conservation of vision; eye surveys; standards of admission to sight conservation classes. A considerable portion of the time allotted to this course will be given to elementary lectures on eye diseases and refraction. Two credit hours.

8:00–9:00 A. M. daily. Mrs. Hathaway.

Clinic work will be required.

Hours for clinic work to be arranged.

s 187 Theory and Methods of Teaching Sight Saving Classes. This course will include: Teaching problems connected with the presentation of academic subjects to children with defective vision; program making; special problems of the Junior and Senior High School child with defective sight; eye hygiene for sight saving class children. Observation and practice in the Demonstration Class Laboratory are required in addition to the daily lecture hour. Three credit hours.

9:00–10:00 daily. Miss Lawes.

Demonstration Class Laboratory.

9:00–12:00 daily. Miss Breuer.

s 188 Course in Advanced Eye Work. Open to students who completed the elementary course given in 1925, or its equivalent. While this course will cover some of the material given in an elementary course, the subjects will be treated with much more thoroughness and will require considerable reading and clinical work on the part of the student. The object of the course is to give the sight saving class teacher all the information she should have in order to coöperate with oculists to conserve the sight of children. Two credit hours.

Five hours weekly.

Time to be arranged. Dr. Donald Lyle.

(This course will be given at the Medical College)

Those taking the advanced course will doubtless be interested in courses in supervision and psychology offered by the University.

METHODS OF TEACHING SIGHT SAVING CLASSES

There has long been great need for a book on methods of teaching sight saving classes. THE NEWS LETTER is glad to announce that such has been prepared by Miss Estella Lawes, Sight Saving Classes, Cincinnati Public Schools, Ohio, and is now in press. This is being published by the National Committee for the Prevention of Blindness and will be available for distribution early in March.

NATIONAL EDUCATION ASSOCIATION, MEETING OF THE DEPARTMENT OF SUPERINTENDENCE

At this meeting, to be held in Washington, D. C., February 21–25, there will be an exhibit of sight saving class material showing the work of the children. This will be found in the Washington Auditorium, Booth J.

On Tuesday, February 23, at 2 P. M., a conference of the Department of Health Education will be held at Hotel Powhattan, Dr. Thomas D. Wood, Chairman. A paper on Lighting the School Room will be given by Mr. John A. Hoeveler, who, as Illuminating Engineer of the Wisconsin Industrial Commission, was influential in having the Code of Lighting School Buildings accepted by that state, and was successful in enforcing the provisions. From such rich experience Mr. Hoeveler is most competent to tell the story of lighting the school rooms of Wisconsin, the only state that has thus far accepted the Code.

NEWS OF JUNIOR COMMITTEE

Another volunteer assistant has been added to the staff of the Junior Committee. Miss Katherine Farwell has become much interested in the Committee's sight conservation work among children and is giving valuable assistance in the preparation of junior material and in the executive work of the Committee.

GOGGLES VERSUS BLINDNESS

The Safety Supervisor in a Buffalo plant sends in the two following letters of interest to all industrial workers:

"Today, about 10:30 A. M., F——— S———, employed as an electrician in our Electric Department, was soldering a lug on a

generator lead while working outside. In some way the hot solder splashed up into his face, several large blotches striking his goggles. It is very evident that serious injury or loss of vision was prevented by the use of goggles in this case. There was no injury whatever.

"Yesterday about 11:30 A. M. S——— M———, employed as a Body Builder in our Body Department, was cutting off rivets with an air gun. He was cutting upward on a side of a car and just above him there was a molding which deflected the head of a ⅜ rivet. This flew backward about a distance of a foot and a half and struck the left lens of M———'s goggles about a half inch from the upper part of the rim. The rivet head was flying downward and made a hole through the lens about ⅛ inch in diameter. The entire lens was shattered but remained in the goggle frame. Around the hole the lens was chipped on the inner side but no glass entered M———'s eye and he suffered no injury of any kind. The deflected rivet head dropped into M———'s shirt pocket.

"I thought you would be glad to have the above information, which is but another proof of the value of goggle use."

BULLETINS AND ARTICLES OF INTEREST

Since the December issue of THE NEWS LETTER was devoted to the Annual Conference the news notes on bulletins and articles are continued from the October issue.

WORLD EDUCATION AND HEALTH. WORLD FEDERATION OF EDUCATION ASSOCIATIONS. Lucy Oppen, *Child Health Bulletin*, November, 1925. Published by The American Child Health Association, New York City. In her discussion of the World Federation of Education Associations in Edinburgh last July, the author includes a number of resolutions passed by the health sections.

Thirteenth Annual Report of The Chief of the Children's Bureau, Fiscal Year Ended June 30, 1925, Washington, Government Printing Office, 1925. This report of Grace Abbott, Chief of the Children's Bureau, to the Secretary of Labor, contains the following information of interest to those working toward the prevention of blindness and conservation of vision:

"Measures relating to medical inspection in public schools or to school physicians and nurses were enacted in Connecticut, New York, and Rhode Island. Oregon passed a law requiring physical examination of all public-school children during the first month of the school year, provided no objection has been made by the parents.

"The education of physically handicapped children and children with impaired vision has been the subject of legislation enacted in Connecticut, Ohio, New York, and Pennsylvania."

Bulletin of The Save the Children Fund, International Union, November 25, 1925, published by the Union Internationale de Secours aux Enfants, Geneva, Switzerland. Discussing the victims of venereal disease in India, the Editor makes the following statement:

"About 30 per cent of children in our blind schools, about 25 per cent of children in our deaf schools, and about 50 per cent of the mentally deficient (idiots and imbeciles) who crowd our hospitals and asylums are the living results of venereal disease."

THE PAROCHIAL SCHOOLS AND THE CHILD, by George M. Retan, M.D. *Better Health*, December, 1925, published by the Department of Health of the City of Syracuse Coöperating in the Syracuse Health Demonstration. The author who is the Director of the Bureaus of Child Hygiene and School Inspection, Department of Health, stated:

"Each year at the beginning of the school term the children's eyes are examined. In case the vision is not normal the nurse will report this fact to the parents, advising them to have their children's eyes examined by an oculist. During the past year the Knights of Columbus gave a sum of money for taking care of the eyes of poor children. This was a very worthy benevolence and should be highly commended. The money was used to supply glasses. One hundred and twenty-eight eye examinations were made and glasses were ordered for one hundred and one. Of this number eighty-one had less than half normal vision and twenty had defective vision ranging between fifty per cent and normal."

WILMER RESEARCH FOUNDATION STARTS WORK AT JOHNS HOPKINS. *The Atlantic Medical Journal*, December, 1925, published in Harrisburg, Pennsylvania. The following news item concerning the Wilmer Research Foundation is important to those interested in eye research: "The first unit of the Wilmer Eye Institute, financed by a fund of $3,000,000, opened October 29, as a part of the Medical School and Hospital of Johns Hopkins University. The institute is unique in that it constitutes the first American medical center for research into the causes of blindness and treatment of diseases of the eye. The Wilmer Foundation of New York, formed by friends of the director of the new institute, Dr. William Holland Wilmer, and of which Robert W. Kelley is president and Henry Breckenridge, former Assistant Secretary of War, is treasurer, coöperated with Johns Hopkins executives in financing the project. Half the fund was supplied by the General Education Board."

WALL COLOR AND EYESTRAIN. *The Nation's Health*, October 15, 1925. Published by the Modern Hospital Publishing Co.,

Chicago, Ill. From information in the *Dutch Boy Quarterly*, *The Nation's Health* indicates recent experiments on the effect of various colors on the eye. "Often a pattern or a little variation in the texture will produce an effect that is distinctly restful to the eyes. In one case the use of the crumpled roll finish did much to relieve eyestrain on the part of a group of draughtsmen. . . . The colors most liked are not always suitable for wall decoration; green, which is suitable, was liked by both men and women; and yellow, which experience has shown to be particularly effective when modified, was chosen frequently by both." The article includes a chart which shows the result of 36,000 tests.

Night Blindness and Nutrition. *The Journal of the American Medical Association*, October 10, 1925. Published by the American Medical Association, Chicago, Ill. This is an interesting editorial on the relationship between nutrition and eye conditions showing the experimental production of xerosis conjunctivæ or xerophthalmia under conditions of diet in which there is a deficiency of vitamin A. Along with the factor of diet in eye conditions is another ocular disorder, night blindness, which has also been ascribed to faulty diet. The linking of diet with conditions of the eyes is gaining in importance. The editorial concludes with the following statement: "In any event, the discovery of a number of striking ocular manifestations associated with a well-defined dietary deficiency cannot fail to give impetus to progress in their identification and treatment. A good beginning has already been made."

A New Device for Testing the Color Sense. Walter G. Nelson. *The Journal of the American Medical Association*, October 17, 1925. Published by the American Medical Association, Chicago, Ill. The author discusses and includes a photograph of a color wheel for testing the color sense which he claims to have used with great success. It has been found from frequent examinations in connection with other tests that color blindness can be successfully detected by the device which he describes.

Daylighting Factories. *The Nation's Health*, October 15, 1925. Published by the Modern Hospital Publishing Co., Chicago, Ill. The following is a brief news note which is of interest: "The office of industrial hygiene of the United States Public Health Service is considering a research into the daylighting of factories. It is planned to erect somewhere in Washington an experimental building in which size, shape, and position of the windows can be varied. Sky brightness and strength of illumination inside the room will be related to work out indoor-outdoor ratios. Very few data have been published on daylighting.

Artificial lighting is much easier of estimate and control and has been employed almost to the exclusion of daylighting methods. The introduction of glass introduces another difficulty because of light absorption by the glass, reflection from its surface, and the question of its cleanliness."

WHY VISION IS ACHIEVED WITHOUT CONSCIOUS FATIGUE. *The Nation's Health*, October 15, 1925. Published by the Modern Hospital Publishing Co., Chicago, Ill. This is a brief abstract of research work sponsored by the Honorary Advisory Council for Scientific and Industrial Research, Canada. Serial technical reports on the subject have appeared in the *Journal* of the Optical Society of America and *Review* of Scientific Instruments. The studies, which are conducted by Frank Allen, professor of physics, University of Manitoba, have called for new instruments of precision in measuring visual impulses.

State-Wide Safety Conference of the Department of Labor and Industry, published by the Commonwealth of Pennsylvania Department of Labor and Industry, Harrisburg, Pennsylvania. Among the problems discussed during the program of the State-Wide Safety Conference was the question of eyesight conservation in industry. David Williams, Vice-president of the International Association of Machinists and member of the Pennsylvania Industrial Board, stated that of 377,974 accidents occurring during 1923 and 1924, 42 men lost both eyes and 1,224 men suffered the loss of one eye. Speaking further on accident prevention, he emphasized the need of coöperation between the industrialists and the State Department of Labor and Industry in understanding their common problems.

Labor and Industry, October, 1925, published by the Department of Labor and Industry, Commonwealth of Pennsylvania, Harrisburg, Pennsylvania. Following are statistics of the loss of eyes and their cost in Pennsylvania for the year beginning October, 1924, and ending September, 1925:

Month	*Eyes Lost*	*Amount Awarded*
October, 1924	47	72,000
November, 1924	61	92,031
December, 1924	59	90,580
January, 1925	52	78,205
February, 1925	39	57,197
March, 1925	36	53,591
April, 1925	54	80,393
May, 1925	43	63,466
June, 1925	51	81,434
July, 1925	40	60,635
August, 1925	41	60,748
September, 1925	40	59,116
	563	849,396

Visual Efficiency of Various Degrees of Subnormal Visual Acuity. Its Effect on Earning Ability. Albert C. Snell. *The Journal of the American Medical Association*, October 31, 1925. Published by the American Medical Association, Chicago, Ill. Following is the author's summary:

"1. No loss to earning ability even for the highly skilled work was found until visual acuity was reduced to 20/60 Sn. The threshold for the beginning of visual disability as reflected in earning ability lies between 20/60 and 20/100 Sn.

"2. The accumulated effect of repeated trivial injuries must not be ignored from an economic point of view for those cases in which a single injury does not reduce acuity to 20/40 or less, as repeated injuries of the same degree may finally cause loss to earning capacity.

"3. A 20/200 Sn. caused a total incapacity to 13.3 per cent and a partial incapacity to an additional 13.3 per cent, so that 26.6 Sn. were either completely or partially incapacitated for earning. Eighty per cent had earning capacity with acuity between 20/200 and 20/400 Sn.

"4. A 10/200 Sn. was the point of visual acuity reduction which became the point of total incapacity in all except two cases, and this may be regarded as the lowest limit of visual earning capacity.

"5. The threshold of total incapacity lies between 20/200 and 2/200 Sn., depending on the nature of the employment, age of the defective person, the duration of the subnormal vision, and on his individuality (his will to work).

"6. An acuity of not better than 20/40 Sn. in the better eye does not cause a loss of 50 per cent either in efficiency or in earning ability. This degree of acuity, in fact, causes no direct loss to earning capacity. However, its direct influence from two economic points of view must be considered: (1) that of the accumulated effect of these degrees of loss due to repeated injury, and (2) the effect of such degree of substandard vision on the competitive ability."

Report of Committee on Visual Standards for Drivers of Motor Vehicles. *The Journal of the American Medical Association*, October 17, 1925. Published by the American Medical Association, Chicago, Ill. This report, read before the Section on Ophthalmology at the 76th annual session of the American Medical Association in May, 1925, includes the following addition to the standards submitted last year:

"(b) The applicant has vision of at least 20/50 in one eye and vision of at least 20/100 in the other eye, with or without glasses. Applicants with less vision than 20/100 in the poorer eye may, under certain conditions, be qualified by a special or county board. (c) Double vision shall disqualify."

They recommended further that in each state a board of physical licensure for each county or one for several counties, consisting of two general practitioners or surgeons and one ophthalmologist, be appointed, who meet at stated intervals and have final decision in all cases. "These boards so constituted shall be empowered (1) to examine all persons applying to them for a physical license, (2) to pass on the fitness of candidates regarding whose qualifications any individual examiner may be in doubt, and (3) may, under certain conditions, qualify candidates who lack the visual requirements specified above; viz., applicants with a lower standard of vision than 20/100 in the poorer eye may be qualified by them provided that the vision in the best eye is at least 20/30 without the aid of glasses and the field of vision is normal, that hearing is normal in both ears, and that the applicant is fully capacitated in other respects physically, and alert mentally. In such cases applicants with one eye partially or wholly or even entirely absent may be qualified.

MEDICAL CERTIFICATION FOR MARRIAGE. Fred S. Hall, New York, *Russell Sage Foundation*, 1925. The author has presented in this volume a report of the administration of the Wisconsin marriage law as it relates to the venereal diseases.

A USEFUL EYE BANDAGE. A. B. Reese. *The Journal of the American Medical Association*, October 24, 1925. Published by the American Medical Association, Chicago, Ill. Of special interest to the ophthalmologist is this brief description of eye bandage which the author uses in his practice. The bandage is illustrated and the following advantages are pointed out: (1) No adhesive plaster is necessary; (2) pressure on the eye can be made to almost any degree by varying the tightness with which the ends are tied; (3) the tying of the ends pulls the bandage in snugly and tightly along the nose and makes it conform in a convex manner over the eye.

CLINICAL MANAGEMENT AND RESPONSE OF TABETIC PATIENT. John H. Stokes and Loren W. Shaffer. *The Journal of the American Medical Association*, October 24, 1925. Published by the American Medical Association, Chicago, Ill. In this article, which was originally read at the section on dermatology and syphilology at the 76th annual session of the American Medical Association in May, 1925, there is a brief discussion of the factor of optic atrophy in relation to the tabetic patient. Of the 170 tabetic patients under observation, there were ten cases indicating optic atrophy. "Occasionally in the very earliest cases it seems possible to arrest the process, but the far more usual rule is a steady progress of the impairment, definitely accelerated at times, we believe, by the use of arsphenamin. . . . Patients

with beginning primary optic atrophy should be prepared, while they still have vision, for the possibility of losing it, so that they may remain at least partially self-supporting."

The Etiology of Trachoma. *The Journal of the American Medical Association*, October 10, 1925. Published by the American Medical Association, Chicago, Ill. The regular correspondent to Belgium sends in the following important information regarding a meeting of the French Society of Ophthalmology: "At the thirty-eighth congress of the Société française d'ophtalmologie, in Brussels, Morax of Paris and Cazales of Beziers contributed papers on the etiology of trachoma. Morax thinks that children are infected, as a rule, by the mother, and offers this as an explanation of the trachoma which is endemic in Egypt, Morocco and Tunis, affecting at times from 90 to 95 per cent of the inhabitants. Contagion by transmission is not a serious menace to adults. The principal objective in the crusade against trachoma must be prevention of transmission within the family.

"Cazales surveyed the pathogenic findings from two standpoints: first, conjunctival microbic infection by various organisms, one of which may predominate, and second, diathetic specificity. According to the latter view, trachomatous follicles may follow inflammatory modifications of the conjunctival epithelium and the underlying tissue."

The Surgery of Trachoma: Practical Problems. S. Lewis Ziegler, M.D. *The Journal of the American Medical Association*, February 6, 1926. Published by the A. M. A., Chicago, Illinois. The author presents in this article a technical description, accompanied by clear photographs, of the surgery of trachoma. This paper was read in a fuller form before the Section on Ophthalmology at the 76th annual session of the American Medical Association, May, 1925. Dr. Ziegler died January 4, 1926.

The Trachoma Problem Among the North American Indians. L. Webster Fox, M.D. *The Journal of the American Medical Association*, February 6, 1926. Published by the American Medical Association, Chicago, Illinois. Dr. Fox, recognized by all for his work among the Blackfoot Indians, quotes the statistics of October 6, 1924, released by the Department of the Interior, showing an approximate Indian population of 400,000. At the end of 1924 the Department estimated the existence of 27,856 cases of trachoma among the Indians. Dr. Fox gives some of his experiences and argues strongly for the grattage method of treating trachoma, which has met with such great success in his practice.

Trachoma. Prague Regular Correspondent. *Journal of the American Medical Association*, February 6, 1926. Published by

the American Medical Association, Chicago, Illinois. The following is a newsnote of importance:

"The interest of the health committee of the League of Nations in trachoma has stimulated similar study in Czechoslovakia. Although trachoma is a notifiable disease, this notification does not give an accurate idea of its spread because of its chronic character. Therefore the Czech Prague Ophthalmologic Clinic has analyzed its material since 1912. A similar study was made in 1890 by Dr. Reisinger and in 1901 by Dr. Bailoni from the same clinic; so it is possible to compare present conditions with the history. The incidence of trachoma has decreased considerably. In the years 1883–1889, the percentage of trachomatous patients from all the cases in the clinic was 4.04. At present the number rarely exceeds 1 per cent. The lowest figure appears for the year 1916 (0.8 per cent), which is followed by a gradual increase in the last years of the war and in the postwar period. The peak was attained in 1921, when the percentage rose to 1.5. The last years have again witnessed a steady decline. The relative prevalence of trachoma in the different districts has not changed in the course of years. The territory along the Elbe with rich agricultural villages seems to be especially favorable to the spread of the infection. On the other hand, the mountainous districts are remarkably free. Lack of hygienic conditions among the agricultural population is apparently the chief factor favoring the spread of the disease."

The following is a list of reports received and noted by the Committee:

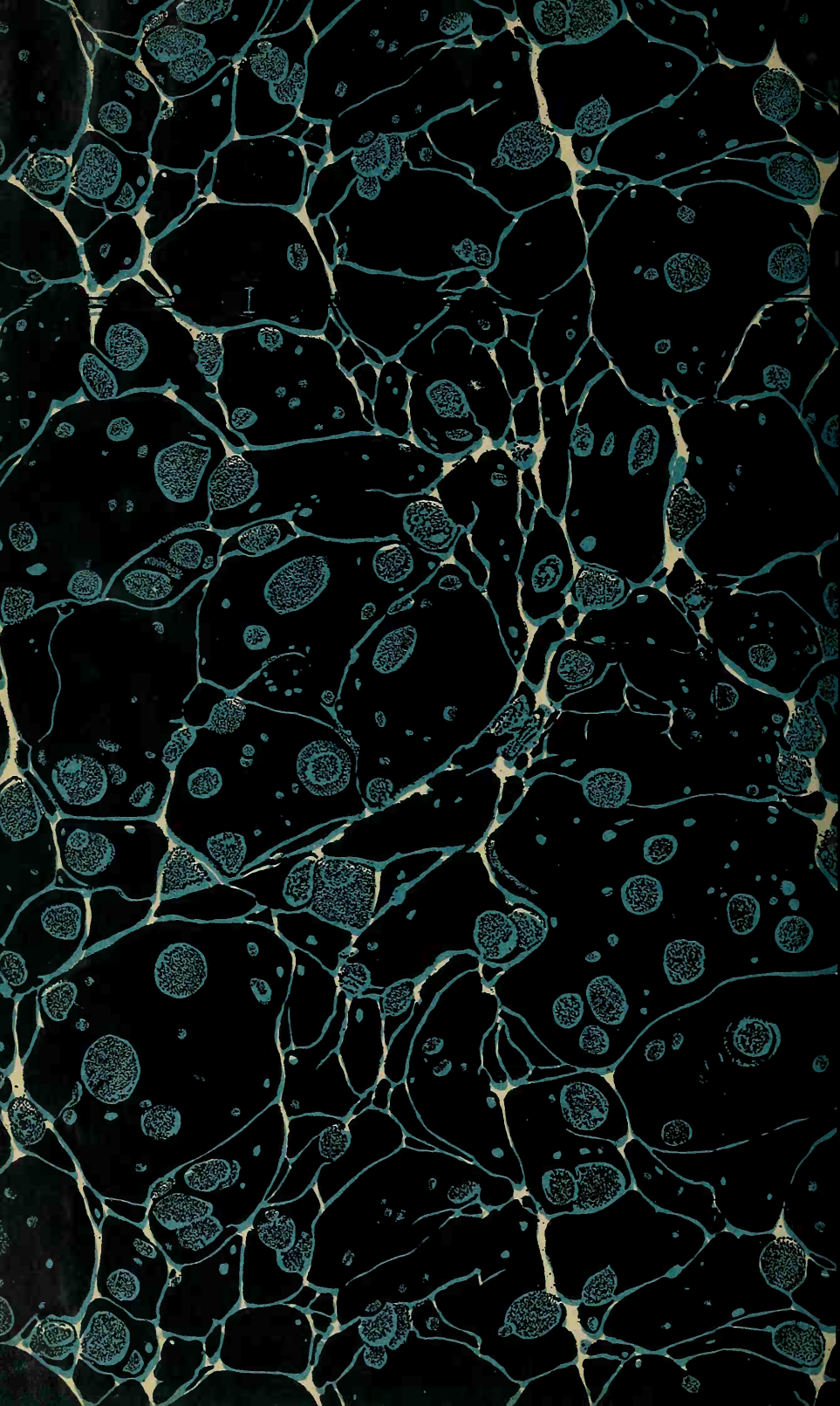
The Annual Report of the New York Institute for the Education of the Blind.

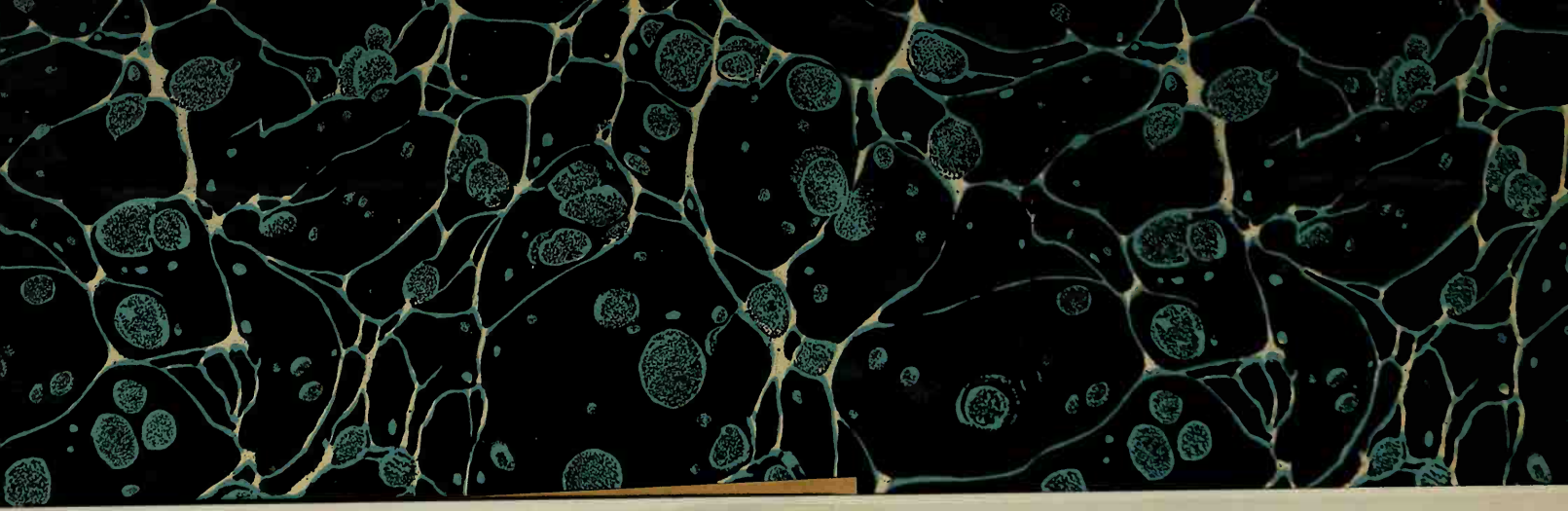
The Annual Report of the Industrial Commissioner of the State of New York.

The Annual Report of the New York State School for the Blind.

The Annual Report of the Pennsylvania Institution for the Instruction of the Blind.

The Proceedings of the New York State Conference of Charities and Corrections.





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